

PART B - FEE(S) TRANSMITTAL

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570 7590 06/01/2007

AKIN GUMP STRAUSS HAUER & FELD L.L.P.
 ONE COMMERCE SQUARE
 2005 MARKET STREET, SUITE 2200
 PHILADELPHIA, PA 19103

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(Depositor's name)
 (Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/882,760	06/15/2001	Shuo-Yen Robert Li	17681954.0101	1794

TITLE OF INVENTION: PACKET SWITCH WITH ONE-STOP BUFFER IN MEMORY WITH MASSIVE PARALLEL ACCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/04/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, ANDREW CHUNG CHEUNG	2616	370-358000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Akin Gump*
 2 *Strauss Hauer*
 3 *& Feld LLP*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Industrial Technology Research Institute

Hsinchu, Taiwan, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1077 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Louis Sickles II

Date August 20, 2007

Typed or printed name Louis Sickles II

Registration No. 45,803

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